This book is a must read for anyone who might consider taking or no longer taking these mind altering legal drugs and perhaps even more so for those able to prescribe them.

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August 26, 2002

The point of departure for this book is the moment at which those who are taking psychiatric drugs—the objects of psychiatric treatment—have already made their own decision to quit or to want to quit. This starting point may be alarming to those readers who look upon the consumers of these substances not as subjects with a capacity for individual decision-making but rather as psychologically unsound and, above all, unable to recognize their own illness (or alternately as consumers of pharmaceuticals from whom they can profit).

Psychiatric drugs are substances which are given to influence the psychic condition and the behavior of their patients. This book refers to the treatment of human beings only. Mentioned are neuroleptics, antidepressants, lithium, carbamazepine[1] and tranquilizers. The withdrawal of drugs used to treat epilepsy in the field of neurology is not a subject of this book.

- Neuroleptics (known also as "major tranquilizers") are so-called antipsychotic drugs, which are administered when physicians (mostly general practitioners, pediatricians or psychiatrists) decide to give a diagnoses such as psychosis, schizophrenia, paranoia, hebephrenia and hysteria. Other possible symptoms that lead doctors to prescribe neuroleptics are those sometimes considered psychosomatic in origin: whooping-cough, asthma,

1 Mood stabilizer, marketed as Atretol, Carbamazepine, Carbatrol, Epitol, Tegretol, Teril, Timonil

stuttering, disturbances of sleep and behavior in children, travel sickness, pruritus (itching) or vegetative dystonia. In the same way that rebellious or aggressive animals of all sorts are given drugs to calm stress-related reactions, so too are elderly disturbed people treated with neuroleptics.

- Antidepressants are given after diagnoses such as reactive, neurotic or brain-organic depression, restlessness, anxiety disorder or obsessive-compulsive disorder, night-anxiety, panic attacks, phobia (e.g. school-anxiety in children), nocturnal enuresis, insomnia and many others. Unhappy animals might receive antidepressants, too, for instance sad dogs, if they are locked up in the house all day while their master is at work.
- Lithium is administered mostly under diagnoses such as mania or schizo-affective disorder.
- The main psychiatric indication for carbamazepine (as well as the chemically-related oxcarbazepine[1] and valproate[2]) is the diagnosis of affective psychosis, especially when the treating psychiatrist has failed to reach the effect he desires with his normal psychiatric drugs. Carbamazepine, valproate and oxcarbazepine which are administered for the treatment of epilepsy in the field of neurology are not subjects of this book.
- Tranquilizers (sometimes called "minor tranquilizers") are substances which are administered after diagnoses such as a lack of motor impulse, depressed mood, phobia, neurosis, panic attack, sleep disorder. Tranquilizers which are administered for the treatment of epilepsy in the field of neurology, are not a subject of this book.

"Authors wanted on the subject: 'withdrawing from psychiatric drugs.'" This was the call for articles I sent out to relevant groups worldwide in 1995:

> "'Coming off Psychiatric Drugs. Successful Withdrawal from Neuroleptics, Antidepressants, Lithium, Carbamazepine and Tranquilizers.' This is the title of a book that will be published in German in 1997/98. A publication in English translation is intended later. We are looking for people who have been prescribed one or several of the above-mentioned psy-

1 Mood stabilizer, marketed as Trileptal

2 Mood stabilizer, marketed as Convulex, Depacon, Depakene, Depakote, Epilim, Sodium Valproate, Valpro, Valproic Acid

> chiatric drugs and who have decided to quit taking them. Of particular interest are positive examples that show that it is possible to stop taking these substances without ending up in the treatment-room of a physician or right back in the madhouse again. For that reason I am looking for authors willing to report—in exchange for royalties—about their own experiences on the route to withdrawal and who now live free from psychiatric drugs. I am also looking for reports from people who have successfully helped others to withdraw from psychiatric drugs in the course of their professional life (e.g. user-controlled support centers, natural healers, homeopaths, social workers, psychologists, pastoral workers, physicians, psychiatrists etc.) or in their personal life (e.g. supporting friends, relatives, self-help-groups etc.)."

I received a series of responses from people who were interested in contributing to this book, including people who had been taking psychiatric drugs as well as some professionals whose articles also appear in this book. One psychiatrist withdrew her offer to contribute, fearing (not without reason) that her practice might be flooded with people wishing to stop taking psychiatric drugs. Because I had received no responses from family members of (ex-)users and survivors of psychiatry, I sent my call for articles to the German "Association for Family Members of the Mentally Ill." The reaction was again silence. Is the reason for this perhaps that those family members who have organized themselves into support groups have been inundated in the past years with free lectures and information from the pharmaceutical industry?

In any case, it would be a mistake to reduce the problem of the prolonged use of psychoactive drugs and the possible complications arising from withdrawal to the fault of disinterested or naïve family members, irresponsible doctors, and the profit-oriented pharmaceutical industry. Two authors who had showed initial interest in contributing their experiences with withdrawal later took back their offer because they had "relapsed." One of them reported that she had mistimed her withdrawal to concur with a breakup. The other informed me that she was in a clinic again because she had experienced another psychosis. Did she experience what those in the field call a "withdrawal psychosis," or was she just overwhelmed with the sudden return of old problems that had yet to be worked through?

Throughout my endeavor to address this subject, I've been cautious enough never to urge others to stop taking psychiatric drugs. I was careful to only approach those who had already quit before I sent out my call for articles. Nonetheless, I wonder if I may have been responsible for leading others to quit in an unconsidered and potentially dangerous way just by having published material on the subject.

Ever since the emergence of psychiatric drugs, many people who have taken prescriptions have made their own decision to quit. One can only speculate how many people have attempted to quit after having been exposed to the idea in an uninformed way only to experience a "relapse" and eventually another prolonged administration of the drugs. I think it is safe to say that a great number of attempts to quit would have been more successful if those wishing to quit and those around them had been better informed as to the potential problems that may arise as well as of means for preventing the often-prophesied relapse. With only a few exceptions, many professionals have little considered how they can support their clients who have decided to withdraw. Responses such as turning their backs on clients and leaving them alone with their problems indicate that professionals have little sense of responsibility regarding this subject.

The many different methods of successfully withdrawing from psychiatric drugs cannot be represented in a single book. As the editor of this book, it was important to me that "my" authors, with the exception of the contributing professionals, openly describe the personal path they took as well as the wishes and fears that accompanied them. They were told that there was only one thing they should not do, namely, to tell others what they should do or to offer surefire prescriptions for how to withdraw. Every reader must be aware of the potential problems and the possibilities, of their own personal strengths and weaknesses, and of their individual limitations and desires such that they can find their own means and their own way of reaching their goal. These reports by individuals who have successfully withdrawn are intended to show that it is possible to reach this goal and to live free of psychiatric drugs.

My sincere thanks go to the numerous good people, who have helped with proof-reading and with other preparatory tasks: Bill Spath, Chie Ishii, Chris-

tina White, Craig Newnes, David Oaks and MindFreedom Support Coalition International (www.MindFreedom.org), Jeffrey M. Masson, Joey Depew, Laura Ziegler, Marc Rufer, Mary Murphy, Mary Nettle, Myra Manning, Peter Stastny, Ronald J. Bartle, Tricia R. Owsley and Wolfram Pfreundschuh. Without friends and supporters I would have been lost.

Two authors are no longer living: Ilse Gold, who died on September 7, 1998 from breast cancer, which developed after the psychiatric treatment, and Erwin Redig, who quitted his life on June 14, 1999 after repeated violent psychiatric treatment. They had deserved a life of a hundred years.

Peter Lehmann
Berlin, April 14, 2004

Translation from the German by Mary Murphy